

11/2/11

**L11000125060**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000261786 3)))



H110002617863ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 NOV -2 AM 8:06

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ollimacg@hotmail.com

RECEIVED

11 NOV -2 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
OLLICRAM LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

C. LEWIS

NOV 3 2011

EXAMINER

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Ollicram LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1881 79th CSW. # 1403

1881 79th CSW. # 1403

North Bay Village, FL 33141

North Bay Village, FL 33141

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Andre Martins

Name

7136 Bonita Dr.

(P.O. Box or Mail Drop Box NOT Acceptable)

Miami Beach, FL 33141

(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature - Andre Martins

H11000261786  
**FILED**  
2011 NOV -2 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000261786

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Camillo Giarelli, 1881 79th CSW, # 1403, North Bay Village, FL 33141

MGRM

Marco Malacrida, 1881 79th CSW, # 1403, North Bay Village, FL 33141

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or authorized representative of a member.

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

Camillo Giarelli

Typed or printed name of signer

FILED

2011 NOV -2 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA